

HVAC Permit Application

City of Gahanna, Ohio ■ Building Division

200 S. Hamilton Road, Gahanna, OH 43230 ■ Phone: (614) 342-4010 ■ Fax: (614) 342-4117

To Request an Inspection, Call (614) 342-4010 and Press 1

DATE: _____

PERMIT NO: _____

Type of Permit:

☐ Residential (1, 2 or 3-Family)

☐ Multi-Family or Commercial

Main Use of Primary Building on Property (Office, Restaurant, Single-Family Home, Etc.):

Present Use: _____

Proposed Use: _____

Type of Work:

☐ New Construction* (Building Permit # _____)

☐ Alteration/Remodel* (Building Permit # _____)

☐ Repair/Replace Existing

*If New Construction or Alteration, Square Footage of Building/Tenant Space or Altered Area: _____

Description of Work to be Done, Location of Equipment, Alterations, Etc.: _____

Type of Heating System: ☐ Forced Air ☐ Heat Pump ☐ Steam ☐ Other _____

Furnace Efficiency: _____ CFM: _____

Fuel Type: ☐ Gas ☐ Electric ☐ Other _____

Manufacturer: _____ Unit Trade Name: _____

BTU/Wattage Rating: _____ Estimated Cost of Work: _____

Job Site Information:

Project Address _____

Unit #/Suite _____

Parcel ID # _____

Tenant Name _____

Phone _____

Contractor:

Contractor Name _____

Gahanna Registration # _____

Phone _____

Address _____

City/State/Zip Code _____

Email _____

Signature of Contractor/Authorized Agent _____

Print or Type Name _____

Property Owner:

Property Owner Name _____

Phone _____

Address _____

City/State/Zip Code _____

Email _____

Signature of Property Owner/Authorized Agent _____

Print or Type Name _____

APPROVAL

Signature of Person Approving Permit _____

Date _____

Permit Fee: \$ _____ + \$ _____ = \$ _____

(Base Fee)

(BBS Fee)

(Total)